## **REQUEST FOR LIVE SCAN SERVICE**

Volunteer  Type of Licensey/Enrification/Permit QR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)  Contributing Agency Information  Cal South  Agency Authorized to Receive Criminal Record Information  10:29 South Placentia Avenue  Street Address or P.O. Box  Contact Name  Contact Name  Contact Teal  Contact Fan Number  Contact Fan Number  Contact Fan Number  Applicant Information  Last Name  Sex Male Female  Other Name (AKA or Alias) Last  Other Name (AKA or Alias) Last  Weight  Sex Male Female  Driver's License Number  Height Weight Eye Color Hair Color  Mobile Phone Number  Home Phone Number  First Name  Home Phone Number  First Name  First Name  Middle Name  Suffix  Suffix  Other Name (AKA or Alias) Last  Other Name First  Other Name First  Other Name Phone Number  Strate  Height  Weight  Female  Driver's License Number  First Name  Middle Name  Suffix  Suffix  Other Name Middle  Suffix  First Name  Middle Name  Suffix  Suffix  Other Name First  Other N		APPLICAN	IT SUBMISSION	
ORI (sate supped by Dou).  Authorized Applicant Type  Volunteer  Volunteer  Volunteer  Contributing Agency Information  Cal South Agency Authorized to Receive Criminal Record Information  Mail Code (five-digit code assigned by DOU).  Risk Management Dept.   livescan@calsouth.com  Street Address or P.O. Box   Contact Name   Contact Final    Contact Name   Contact Final    Contact Hame   Contact Final    Contact	A2094		Non-Profit Organization	
Type of License/Certification/Permit QR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)  Contributing Agency Information  Cal South Agency Authorized to Receive Criminal Record Information Mail Code (Mive-digit code assigned by DOJ)  Agency Authorized to Receive Criminal Record Information Mail Code (Mive-digit code assigned by DOJ)  Breat Address or P.O. Box Contact Name Contact Name Contact Name Contact Famil (714) 451-1017  Contact Famil Contact Fa	ORI (Code assigned by DOJ)			
Cal South Agency Authorized to Receive Criminal Record Information 1029 South Placentia Avenue Risk Management Dept.  Grontact Name Contact Hamil Contact Familia (714) 451-1518 (714) 451-1017 City State ZiP Code Contact Telephone Number  Contact Familia (714) 451-1518 City State ZiP Code Contact Telephone Number  Contact Familia (714) 451-1017 City State ZiP Code Contact Telephone Number  Contact Familia (714) 451-1017 City State ZiP Code Contact Telephone Number  Contact Familia (714) 451-1017 City State ZiP Code Contact Telephone Number  Contact Familia (714) 451-1017 City State ZiP Code Contact Telephone Number  Contact Familia (714) 451-1017 City State ZiP Code Contact Familia (714) 451-1017 City State ZiP Code Contact Familia (714) 451-1017 City Contact Familia (714) 451-1017 City Contact Familia (714) 451-1017 City Contact Familia (714) 451-1017 Contact Familia (714) 451-1018 Cont	Volunteer			
Cal South Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DO) 1028 South Placentia Avenue Street Address or P.O. Box Fullerton CA Street Address or P.O. Box Children City State ZIP Code Contact Tanle Contact Tanle Contact Fax Number Contact Fax Numbe	Type of License/Certification/Permit <u>OR</u> \	Vorking Title (Maximum 30 characters - if	assigned by DOJ, use exact title assigned)	
Agency Authorized to Receive Criminal Record Information 1029 South Placentia Avenue Street Address or P.O. Box Fullerton CA 92831 CITY State ZIP Code Contact Name Contact Telephone Number Contact Fax Number  Applicant Information  Last Name Other Name (AKA or Alias) Last Other Name (AKA or Alias) Last Date of Birth Weight Eye Color Hair Color Hair Color Hair Color City South Placentia Avenue  Email Address Contact Telephone Number  Other Name First Other Name First Other Name Middle Name Suffix Other Name (AKA or Alias) Last Cother Name First Other Name First Other Name First Other Name First Other Name Phone Number  Height Weight Eye Color Hair Color Hair Color Hair Color Mobile Phone Number  Home Phone Number  Home Phone Number  Finall Address  City State ZIP Code  Live Scan Service  Level of Service:  DOJ (FBI not required)  If re-submission, list original ATI number (must provide proof of rejection):  Choose all that apply: Administrator: Club/League Name  OFFICIAL USE ONLY  Name of Operator  Date	Contributing Agency Information	n		
Till State of Birth   Sex   Male   Female   Female   Mobile Phone Number   Home Phone Number			-	
Street Address or P.O. Box   Contact Name   Contact Email				
Fullerton CA 92831 (714) 451-1518 (714) 451-1017 City State ZIP Code Contact Telephone Number Contact Fax Number  Applicant Information  Last Name First Name Middle Name Suffix Other Name (AKA or Allas) Last Other Nam				_
Applicant Information  Last Name   First Name   Middle Name   Suffix  Other Name (AKA or Alias) Last   Other Name First   Other Name Middle   Suffix  Date of Birth   Sex   Male   Female   Driver's License Number   State    Height   Weight   Eye Color   Hair Color   Mobile Phone Number   Home Phone Number    Place of Birth (State or Country)   Social Security Number   Email Address    Home Address or P.O. Box   City   State   ZIP Code    Live Scan Service   DOJ (FBI not required)    If re-submission, list original ATI number (must provide proof of rejection):  Original ATI Number   Referee:  Referee Association or "New Referee"    OFFICIAL USE ONLY   Date    Name of Operator   Date    Name of Operator   Date    Name of Operator   Date    Name of Operator   Date   Date    Other Name of Operator   Date   Date    Name of Operator   Date   Date    Other Name of Operator   Date		0.4 0.0004		
Applicant Information  Last Name    First Name   Middle Name   Suffix				
Comparison of Comparison of Poerstor   Club/League Name   First Name   Middle Name   Suffix	City	State Zir Code	Contact Telephone Number	Contact Fax Number
Other Name (AKA or Alias) Last Other Name (AKA or Alias) Last Other Name (AKA or Alias) Last Other Name First Other Name Middle Suffix Date of Birth Weight Eye Color Hair Color Mobile Phone Number Home Phone Number  Place of Birth (State or Country) Social Security Number Email Address Home Address or P.O. Box City State ZiP Code  Live Scan Service Level of Service: DOJ (FBI not required) If re-submission, list original ATI number (must provide proof of rejection): Original ATI Number  Applicant Role(s) Choose all that apply: Administrator: City Referee: Referee Association or "New Referee"  OFFICIAL USE ONLY Live Scan Transaction Completed By:  Name of Operator Date	Applicant Information			
Date of Birth  Sex Male Female  Driver's License Number  State  Height Weight Eye Color Hair Color  Mobile Phone Number  Home Phone Number  Finall Address  Gity  State  ZIP Code  Live Scan Service  Level of Service: DOJ (FBI not required)  If re-submission, list original ATI number (must provide proof of rejection):  Original ATI Number  Applicant Role(s)  Choose all that apply:  Club/League Name  Referee:  Club/League Name  Date	Last Name		- First Name	Middle Name
Date of Birth  Sex Male Female  Driver's License Number  State  Height Weight Eye Color Hair Color  Mobile Phone Number  Home Phone Number  Finall Address  Gity  State  ZIP Code  Live Scan Service  Level of Service: DOJ (FBI not required)  If re-submission, list original ATI number (must provide proof of rejection):  Original ATI Number  Applicant Role(s)  Choose all that apply:  Club/League Name  Referee:  Club/League Name  Date				
Height Weight Eye Color Hair Color Mobile Phone Number Home Phone Number  Place of Birth (State or Country) Social Security Number Email Address  Home Address or P.O. Box City State ZIP Code  Live Scan Service  Level of Service: \( \times \) DOJ (FBI not required)  If re-submission, list original ATI number (must provide proof of rejection):  Original ATI Number  Applicant Role(s)  Choose all that apply:  Club/League Name Referee:  Club/League Name Referee:  Referee Association or "New Referee"  OFFICIAL USE ONLY  Live Scan Transaction Completed By:	Other Name (AKA or Alias) Last		Other Name First	Other Name Middle
Place of Birth (State or Country)  Social Security Number  Email Address  Gity  State  ZIP Code  Live Scan Service  Level of Service:  DOJ (FBI not required)  If re-submission, list original ATI number (must provide proof of rejection):  Original ATI Number  Applicant Role(s)  Choose all that apply:  Administrator:  Club/League Name  OFFICIAL USE ONLY  Live Scan Transaction Completed By:  Name of Operator  Date	Date of Birth Sex	Male Female	Driver's License Number	State
Home Address or P.O. Box  City  State  ZIP Code  Live Scan Service  Level of Service:  DOJ (FBI not required)  If re-submission, list original ATI number (must provide proof of rejection):  Original ATI Number  Applicant Role(s)  Choose all that apply:  Administrator:  Referee: Referee Association or "New Referee"  OFFICIAL USE ONLY  Live Scan Transaction Completed By:	Height Weight	Eye Color Hair Color	Mobile Phone Number	Home Phone Number
Live Scan Service  Level of Service:	Place of Birth (State or Country)	Social Security Number	Email Address	
Level of Service:  DOJ (FBI not required)  If re-submission, list original ATI number (must provide proof of rejection):  Original ATI Number  Applicant Role(s)  Choose all that apply:  Administrator: Club/League Name Referee: Referee Association or "New Referee"  OFFICIAL USE ONLY  Live Scan Transaction Completed By:  Name of Operator Date	Home Address or P.O. Box		City	State ZIP Code
If re-submission, list original ATI number (must provide proof of rejection):  Original ATI Number  Applicant Role(s)  Choose all that apply:  Administrator:  Club/League Name  OFFICIAL USE ONLY  Live Scan Transaction Completed By:  Name of Operator  Date	Live Scan Service			
Applicant Role(s)  Choose all that apply:  Administrator:  Club/League Name  OFFICIAL USE ONLY  Live Scan Transaction Completed By:  Name of Operator  Date	Level of Service: X DOJ	(FBI not required)		
Applicant Role(s)  Choose all that apply:  Administrator:  Club/League Name  OFFICIAL USE ONLY  Live Scan Transaction Completed By:  Name of Operator  Date	If re-submission, list original ATI	number (must provide proof of re	jection):	
Choose all that apply:  Administrator: Club/League Name  OFFICIAL USE ONLY  Live Scan Transaction Completed By:  Name of Operator  Date			Original ATI Number	
Administrator:  Club/League Name  Referee: Referee Association or "New Referee"  OFFICIAL USE ONLY Live Scan Transaction Completed By:  Name of Operator  Date	Applicant Role(s)			
Club/League Name  Referee Association or "New Referee"  OFFICIAL USE ONLY  Live Scan Transaction Completed By:  Name of Operator  Date	Choose all that apply:			
Club/League Name  Referee Association or "New Referee"  OFFICIAL USE ONLY  Live Scan Transaction Completed By:  Name of Operator  Date	Administrator:		Referee:	
Live Scan Transaction Completed By:  Name of Operator  Date		me		or "New Referee"
Live Scan Transaction Completed By:  Name of Operator  Date	OFFICIAL USE ONLY			
		d By:		
Transmitting Agency LSID ATI Number Amount Collected/Billed	Name of Operator		Date	_
	Transmitting Agency	LSID	ATI Number	Amount Collected/

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